

**CRITERIA FOR PRIOR AUTHORIZATION**

Opana ER® (oxymorphone ER)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Oxymorphone ER (Opana ER®)

**CRITERIA FOR INITIAL APPROVAL** (must meet all of the following):

- Patient has **one** of the following:
  - Patient has a diagnosis of cancer, or
  - Patient is terminally ill, or
  - Must meet **all** of the following:
    - The patient has not taken another long-acting opioid (see attached table) in the past 3 months or there is documentation of discontinuation of previous agent
    - All narcotic analgesics are written by a single KMAP or MCO enrolled prescriber or practice
    - The patient has a signed opioid treatment agreement with the prescriber
    - Prescriber has reviewed the patient's K-TRACS profile (information regarding K-TRACS [The Kansas Prescription Drug Monitoring Program], may be found on the Kansas Board of Pharmacy web site)
    - Provider is a specialist in pain management
      - Routine urine drug screening must be included in treatment plan
    - Patient does not have any of the following:
      - Moderate or severe hepatic impairment
      - Significant respiratory depression
      - Acute or severe bronchial asthma or hypercarbia
      - Known or suspected paralytic ileus
- Patient does not have a diagnosis of opioid or other substance abuse
- Patient is at least 18 years old
- Dosage does not exceed drug limitation of 56 tablets per 28 days
- Patient is not pregnant

**CRITERIA FOR RENEWAL** (must meet all of the following):

- Patient must meet initial criteria for renewals
- No more than one early refill attempt in the past 3 months unless there is documentation of dose titration from the prescriber.
- Provider provides documentation that the patient has been assessed for abuse, addiction, misuse, and oversedation with each approval

**LENGTH OF APPROVAL:** 3 months

**Notes:**

- The Provider ER/LA REMS Web site is <http://www.er-la-opioidrems.com/lwgUI/rems/home.action>, and the program phone number is 800-503-0784.

---

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

---

PHARMACY PROGRAM MANAGER  
 DIVISION OF HEALTH CARE FINANCE  
 KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

---

DATE

---

DATE

Generic Name	Brand Name
Buprenorphine	Butrans®
Fentanyl	Duragesic®
Hydrocodone Extended-Release	Hysingla ER®
Hydrocodone Extended-Release	Zohydro ER®
Hydrocodone Extended-Release	Vantrela ER®
Hydromorphone Extended-Release	Exalgo®
Morphine Controlled-Release	MS Contin®
Morphine Extended-Release	Avinza®
Morphine Extended-Release	Kadian ER®
Morphine Extended-Release	Arymo ER®
Morphine Extended-Release/Naltrexone	Embeda®
Morphine Sustained-Release	Oramorph®
Oxycodone CR	OxyContin®
Oxycodone	Xtampza ER
Oxycodone/Naloxone Extended-Release	Targiniq ER®
Oxycodone/Naltrexone	Troxyca ER®
Tapentadol Extended-Release	Nucynta ER®
Tramadol Extended-Release	Ryzolt®
Tramadol Extended-Release	Ultram ER®